

This application, supporting document(s), and the statutory filing fee of \$15.00 should be submitted to:
 This fee does not include the cost of a certified copy of the record after the amendment is filed.
 Please enclose the additional fee of \$22.00 for each copy of the amended certificate requested.

VITAL STATISTICS UNIT
 DEPARTMENT OF STATE
 HEALTH SERVICES
 P O BOX 12040
 AUSTIN TEXAS 78711-2040
 1-888-963-7111



APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF TEXAS

This application cannot be used to add the fathers information

NO.

Name _____		
Last	First	Middle
Street Address _____		Telephone # _____
		(8am-5pm)
City _____	State _____	Zip Code _____
Signature: _____		

PART I. ENTER INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)

1. FULL NAME OF CHILD		2. DATE OF BIRTH
3. PLACE OF BIRTH	4. SEX	5. STATE FILE NO. (If known)
6. FULL NAME OF FATHER	7. FULL MAIDEN NAME OF MOTHER	

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. (Type or Print)

8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF OLDER RELATIVE

PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, AN OLDER SISTER OR BROTHER.
 IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT.

This section MUST be signed in the presence of a Notary Public.

STATE OF TEXAS
 COUNTY OF _____

Before me on this day appeared _____ (Name)

now residing at _____ (Street Address) _____ (City)

_____, who is related to the person named in Item I above as _____ (State)

and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.

Signature _____ Father/Legal Guardian

Signature _____ Mother/Legal Guardian

Sworn to and subscribed before me, this _____ day of _____, 20 _____

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City and State

OFFICE USE ONLY

2:13-cv-193
 09/02/2014
 DEF2740

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

TYPES OF DOCUMENTS

- A. ADDING INFORMATION
 [Items left blank on original certificate]
 [1] children 17 and under affidavit signed by both parents
 [2] adults, 18 and over affidavit by older relative
- B. CORRECTIONS IN SPELLING
 [Names having the same sound] affidavit by parent(s) or older relative
- C. FIRST OR MIDDLE NAME affidavit and one document (see 1 & 2 under A)
- D. SIGNIFICANT CHANGE IN LAST NAME a certified court order
- SEX certification by medical attendant or affidavit and one document
- NAME OF FATHER
 [Refer to examples listed under name unless item is left blank]
 [1] To add information when item is left blank a paternity determination (**this form cannot be used to add father's name; contact Vital Statistics**)
- ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE CERTIFIED DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

- | | |
|---|--|
| 1. HOSPITAL RECORD OF BIRTH | 8. RECORD OF IMMIGRATION AND NATURALIZATION SERVICE, DEPARTMENT OF JUSTICE, WASHINGTON 25, D. C. |
| 2. BAPTISMAL CERTIFICATE | 9. PASSPORT |
| 3. SCHOOL RECORD
Must be signed by custodian of school records based on earliest attendance. | 10. MARRIAGE RECORD OF PARENTS
A copy of certificate, license, or application, whichever supplies the required facts. |
| 4. BIRTH CERTIFICATE OF REGISTRANT'S OLDER BROTHER OR SISTER | 11. BIRTH OR DEATH CERTIFICATE OF REGISTRANT'S PARENTS |
| 5. INSURANCE POLICY APPLICATION | 12. DIVORCE DECREE |
| 6. ARMED FORCES DISCHARGE PAPERS | 13. JUDICIAL ACTIONS
A certified copy of any court action affecting any information shown on the birth certificate. |
| 7. SOCIAL SECURITY APPLICATION
An official transcript issued by the Social Security Administration, Department of Health, Education, and Welfare, Baltimore, Md. | |